

**POWER OF ATTORNEY
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INDICATION FORM**

Patent Number:	6,908,435
Issue Date:	June 21, 2005
Application Number:	09/706,583
Filing Date:	November 3, 2000
First Named Inventor:	Richard L. Mueller
Attorney Docket Number:	BSX:319US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ Firm or
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature

Name

Title and Company

BOSTON SCIENTIFIC SCIMED, INC.

Telephone

763-494-2509

Date

September 17, 2008

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.